

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

DEPTAL NO.
10/510568

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	L					
2			2			
3				1		
4					1	
5						1
6						1
7						1
8						1
9						1
10						1
11		C				1
12		C				1
13		C				1
14		C				1
15		C				1
16		C				1
17		O				1
18		O				1
19		O				1
20	I		I			
21			I			
22		2				
23	(1)					
24	(1)					
25	(1)					
26	(1)					
27	(1)					
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	40	40	39	39		
TOTAL CLAIMS	42	42	40	40		

	*		W		W	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS